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CONFIRMATION NO. 5291

<b>SERIAL NUMBER</b> 10/699,989	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 1150.1111103
<b>APPLICANTS</b> Valery Migachyov, San Antonio, TX; Tu T. Pham, San Antonio, TX;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/908,467 07/18/2001 PAT 6,676,593 which is a CON of 09/302,856 04/30/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b> NO				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 28075				
<b>TITLE</b> Intraurethral device and method				
<b>FILING FEE RECEIVED</b> 518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	